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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/31/2014 8:23 AM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Professional Limited Liability Company			PLC
Pursuant to KRS 14A and KRS	275, the undersigned	applies to qualify and for that	purpose submits	the following statements:
Article I: The name of the profes	ssional limited liability	company is		
Nelson Surgical Assist P	PLLC			
Article II: The street address of	the professional limite	ed liability company's initial rec	nistered office in	Kentucky is
10402 Bayport Rd.		Louisville	Ky	40299
Street Address Only (No Post Office I	Box Numbers)	City	State	Zip Code
and the name of the initial regist		Marcha Fileen Nel		24.6 • 1/1/20 (Prince)
Article III: The mailing address			orincipal office is	
10402 Bayport Rd.		Louisville	Ку	40299
Street Address or Post Office Box Number		City	State	Zip Code
Article V: The profession to be p	practiced through the	professional limited liability co	mpany:	
Article VI: This application will be date or the delayed effective date. I/We declare under penalty of performance of Organizer.	te cannot be prior to the	of the state of Kentucky that the	The date and/o	r time is(Delayed effective date and/or time) ue and correct.
Signature of Organizer		Printed Name	Da	ite
Signature of Organizer		Printed Name	Da	te
Marsha Eileen Nelson Print Name of Registered Agent Marsha Elleen Nelson Print Name of Registered Agent Signature of Registered Agent	ex nelson	, consent to serve as the registered Marsha Eii Printed Name		the limited liability company.